

Chm  
4/20/94

Staple Issue Slip Here

POSITION	ID NO.	DATE
CLASSIFIER	10	12-14-93
EXAMINER		
TYPIST	18	2-3-94
VERIFIER	100	2/2/94
CORPS CORR.		
SPEC. HAND	438	1-5-94
FILE MAINT.		
DRAFTING		

### INDEX OF CLAIMS

Claim	Date
Final	Original
1	1
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Best Available Copy

SYMBOLS  
 ✓ ..... Rejected  
 - ..... Allowed  
 (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	Original
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